

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

Amendment

☐ Yes

☒ No

<b>1. Committee Information</b>			
<b>a. Full Name</b> Committee to Elect Montey Keistler		<b>c. ID Number</b>	
<b>b. Mailing Address (include City, State and Zip Code)</b> 3002 Merriwether Lewis St Monroe, NC 28110		<b>d. Date Filed</b> 10/3/2017	
		<b>e. Phone Number</b>	
<b>2. Report Year</b> 2017	<b>3. Period Start Date (mm/dd/yy)</b> 7/1/2017	<b>4. Period End Date (mm/dd/yy)</b> 9/26/2017	<b>5. Treasurer Full Name</b> Lars Knapp
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>9. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b> 0			
<b>11. Account Information</b> <b>a. Financial Institution Full Name</b> Wells Fargo <b>b. Purpose</b> General <b>c. Account Code</b> 101 <b>d. Period Begin Balance</b> \$ 0		<b>11. Account Information</b> <b>a. Financial Institution Full Name</b> <b>b. Purpose</b> <b>c. Account Code</b> <b>d. Period Begin Balance</b> \$	
<b>CERTIFICATION</b> I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Lars Knapp Printed Name of Signer Signature of Appointed Treasurer 10/3/2017 Date			
<b>FOR OFFICE USE ONLY</b> Date Received: 10/6/2017 Date Postmarked: 10/3/2017 Date Scanned: Date Data Entered: Employee: K. Quinn Employee: K. Quinn Employee: Employee: Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			